

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000039206 (4)**

1. Corporation Name

**MIG MANAGEMENT SERVICES OF NORTH CAROLINA, INC.**



Principal Place of Business

Mailing Address

250 AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33401

250 AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified <b>05/17/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0600694</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name <b>ROBERT F. KENDALL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>250 AUSTRALIAN AVE. S. STE 400</b>
83
84 City <b>WEST PALM BEACH</b>
85 State <b>FL</b>
86 Zip Code <b>33401</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Handwritten Signature]*

**2/5/96**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>WAYMAN, EDWIN B</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>250 AUSTRALIAN AVE STE 400</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	1 2 NAME	
TITLE <b>D</b>	NAME <b>WRIGHT, LARRY E</b>	1 3 STREET ADDRESS	
STREET ADDRESS <b>250 AUSTRALIAN AVE STE 400</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	1 4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>COTE, JAMES A</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1990 N CALIFORNIA BLVD STE 640</b>	CITY-ST-ZIP <b>WALNUT CREEK CA 94596</b>	2 2 NAME	
TITLE	NAME	2 3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2 4 CITY-ST-ZIP	
TITLE	NAME	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3 2 NAME	
TITLE	NAME	3 3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3 4 CITY-ST-ZIP	
TITLE	NAME	4 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4 2 NAME	
TITLE	NAME	4 3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4 4 CITY-ST-ZIP	
TITLE	NAME	5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5 2 NAME	
TITLE	NAME	5 3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5 4 CITY-ST-ZIP	
TITLE	NAME	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6 2 NAME	
TITLE	NAME	6 3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6 4 CITY-ST-ZIP	

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**P**  
**VOGT, LOUIS E.**  
**250 AUSTRALIAN AVE S #400**  
**WEST PALM BEACH FL 33401**

**V/T/S**  
**GUTIN, KATHLEEN L.**  
**250 AUSTRALIAN AVE S. #400**  
**WEST PALM BEACH, FL 33401**

**2/5/96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**2/5/96 (407) 820-1300**

Date

Telephone #

CR2E034 (12/95)